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ABSTRACT

The estimated median duration of psychotherapy for white clients in the United States is about 5 to 8 sessions; the estimated mean duration is about 10 to 15 sessions; and the dropout rate after one session is about 17 to 22%. A minority of patients make the majority of outpatient mental health visits. This study used a sample of nonpsychotic Chinese American outpatient clients (N=144), mostly immigrants, to test the hypothesis that ethnic minority clients would have a similar patterns of psychotherapy utilization as white clients if ethnic/cultural therapists were provided. The results supported the hypothesis that the ethnic minority clients would stay in psychotherapy or mental health treatment as long as their white counterparts if culturally responsive therapists were provided. The majority of Chinese American clients were assigned Chinese American therapists. The median treatment duration was 10 sessions, and the median duration for individual psychotherapy alone was 6 sessions. When culturally responsive treatments were provided through Chinese American therapists, the dropout rate after the first session for the Chinese American clients was 10%. When the culturally responsive treatments were provided, a minority of the Chinese American clients made the majority of outpatient mental health visits. These findings suggest that ethnic minority clients would fully utilize the mental health service to meet their needs if culturally responsive treatments were provided. (NB)

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## Abstract

A sample of 144 nonpsychotic Chinese American outpatient clients was analyzed to test the hypothesis that ethnic minority clients would have a similar pattern of psychotherapy utilization as their White clients if ethnic/cultrural therapists are provided. The results indicated that Chinese immigrants had a treatment duration similar to that of the White clients, and that a small percentage of clients made a majority of mental health visits when culturally responsive therapists were provided.

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How Long Do Chinese Immigrants Stay in Psychotherapy?

Josh C. H. Lin

The estimated median duration of psychotherapy for White clients in the United States is about 5 to 8 sessions (Garfield, 1986; Howard, Davidson, O´Mahoney, Orlinsky, and Brown, 1989); the estimated mean duration is about 10 to 15 sessions (Horgan, 1985; Howard, et al, 1989; O´Sullivan, Peterson, Cox, and Kirkeby, 1989); and the dropout rate after one session is about 17% to 22% (Horgan, 1985; Cooms, 1986; and O´Sullivan, Peterson, Cox, and Kirkeby, 1989).

Studies of psychotherapy utilization revealed that a minority of patients made the majority of outpatient mental health visits (Horgan, 1985; Howard, Davidson, O´Mahoney, et al., 1989; Taube, Kessler, and Feuerberg, 1984; and Shapiro, skinner, Kessler, et al., 1984). For instance, In the National Medical Care Utilizaton and Expenditure Survey, Taube, et al (1984) reported that 44% of the persons who made a mental health visit to an office-based psychologist or psychiatrist made fewer than four visits and accounted for only 6.7% of the total expenditures. By contrast, 16.2% made more than 24 visits and accounted for 57.4% of the total expenditures.

However, the utilization pattern among the Asian Americans, especially the Chinese immigrants, remains unclear. Sue and McKinney (1975) reported that, based on their Greater Seattle sample, 52% of the Asian clients failed to return after the first treatment session. Of the 48% who did return, the average number

of treatment sessions was only 2.35, not counting the initial intake session. Ten years later, O´Sullivan and his colleagues (1989) replicated Sue and colleagues´ study (1975) and found the failure-to-return rate for Asian Americans in Seattle-King County was 11.8% and the average number of sessions was 11.5. The authors exlpained that the dramatic drop of failure-to-return for Asian Americans might associate with the improved service responsiveness and cultural compatibility.

In examining the relationship between a culture-compatible approach to mental health service and utilization as measured by dropout and treatment duration, Flaskerud (1986) suggested that language match of therapists and clients, ethnic/racial match of therapists and clients, and agency location in the ethnic/racial community were the best predictors of dropout status. However, empirical studies have showed mixed results. For instance, Flaskerud and Liu (1990) studied Southeast Asian clients and found that dropout from therapy was significantly increased by the language match in the Cambodian sample. Using Asian American sample, they (accepted) found that ethnicity match, but not language match, had a significant effect on dropout rate.

The reasons for research failing to consistently demonstrate support for the assumption that client-therapist enthicity and language matches relate to treatment utilization are the follows: (1) the lack of sufficient numbers of minority therapists to provide culturally responsive treatment; (2) the Asian American clients were treated as one group under study and the significant ethnicity and language differences within the group were

discounted; (3) treatment modality involved, e.g., individual therapy visit vs. other therapy visit, were mostly not specified when reporting lenght of treatment; and (4) fail to recognize the differences on health seeking and utilization pattern between nonpsychotic and psychotic clients, especially the chronic schizophrenic.

The present study used a sample of nonpsychotic Chinese American outpatient clients, mostly immigrants, to test the hypothesis that ethnic minority clients would have a similar pattern of psychotherapy utilization as White clients if ethnic/cultural therapists are provided. In other words, the ethnic minority clients would stay in psychotherapy as long as White clients and a small percentage of clients would make the majority of outpatient mental health visits.

Subjects and Method

The 144 nonpsychotic, adult Chinese American subjects included in this study were closed cases seen at an outpatient community mental health clinic in Southern California between 1986 and 1990. Chinese American clients seen by other Asian American therapists, e.g., Japanese, were not included in this sample to reduce potential confounding effects. About two thirds of the clients were referred by third parties. The third party or the client called the clinic first and a brief telephone screening was conducted by a therapist. Then if appropriate, a Chinese American therapist speaking client´s primary language was assigned. As clinically indicated, the client might also see a psychiartist for medication, or attend other modalities of therapy. Most of the clients received individual psychoterapy,

but some received only family therapy and/or marital therapy. All clients paid a minimal fee based on their ability to pay or were covered by MediCal. Clients in this clinic were very similar to clients seen in many community mental health clinics.

Great majority of the clients in this sample were immigrants with years in U.S. range from 1 to 15. Their average years of education were 12.9. Sixty-five percent of the clients were female, 68% were 25-45 years old, 64% spoke at least some English, 60% spoke Mandarin as primary language, 52% were currently married, 61% were currently unemployed, and 72% had no previous psychotherapy. Of the 144 clients, 41% were diagnosed as adjustment disorder, 21% were major depression, and 18% were dysthymia.

There were 15 bilingual, bicultural Chinese American therapists providing psychotherapy service to the sample of 144 clients. Majority of the therapists were immigrants themselves in their 30's with an eclectic therapy orientation. Nine (60%) of them were female, 8 (53%) were social workers, 7 (47%) were psychologists, 9 (60%) were staff, and half spoke Mandarin and half spoke Cantonese as primary lanaguage.

Results

Table 1 shows that the median treatment duration for the sample was 10 sessions and mean was 16.87 sessions, when all treatment modalities, including individual, family, marital, collateral, group, and medication visits, were taken into consideration. The median dropped to 6 sessions and mean to 10.33 sessions for individual psychotherapy modality alone.

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Insert Table 1 about here

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Of interest about Table 1 is the size of the standard deviation. It indicates that the treatment duration varied greatly from client to client. The mean greater than the median suggests that a small number of clients utilized a large portion of treatment resources. Table 1 also indicates that the dropout rate (failure-to-return after one session) for this sample was 10%.

Table 2 shows that the large single percentage (28.3%) of the 144 clients who began treatment attended fewer than five sessions of treatment, including all treatment modalities. Twenty percent of the clients stayed in treatment for more than 26 sessions. The 41 (28.3%) clients who attended one to four sessions accounted for only 3.6% of the total number of sessions attended by all 144 clients. The 30 (20.5%) clients who attended more than 26 sessions accounted for 60.9% of the sessions used.

The utilization pattern of individual psychotherapy illurated a clear picture that 55 (40.2%) clients who attended less than five sessions used only 7.6% of the total individual psychotherapy sessions, while 16 (11.6%) clients who attended more than 26 sessions used 40.7% of the total individual psychotherapy sessions.

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Insert Table 2 about here

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The results of this study revealed that 57.7% of 137 clients who received individual psychotherapy also utilized family therapy, family collateral, and medication services. This seems

to reflect that family is an important part of the Chinese culture and a holistic orientation is the preferred treatment approach.

Discussion

The results of this study supported the hypothesis that the ethnic minority clients would stay in psychotherapy or mental health treatment as long as their White counterparts if culturally responsive therapists are provided. In this particular clinic, majority of Chinese American clients were assigned Chinese American therapists. In this sample, the median treatment (included all modalities) duration was 10 sessions, and the median duration for individual psychotherapy alone was 6 sessions. The treatment duration for this sample was no less than that of the White clients, i.e., 5 to 8 sessions (Garfield, 1986); and was similar to that of Korean American sample studied by Kim and his colleagues (1989). When Korean American clients were assigned Korean American therapists, their median therapy session was 8 and mean was 15.5.

When culturally responsive treatments were provided through Chinese American therapists, the dropout rate after the first session for the Chinese American clients was 10%, which was better than that of the White clients, i.e., 17%-22% (Horgan, 1985; Cooms, 1986; O´Sullivan, et al 1989). A similar dropout rate (12%) was reported by Kim and colleagues (1989) for their Korean American sample.

The results of the study indicated that, when the culturally responsive treatments were provided, the Chinese American clients

had a pattern of treatment utilization similar to that of the White clients, i.e., a minority of clients making the majority of outpatient mental health visits. This finding suggested that ethnic minority clients would fully utilize the mental health service to meet their needs if culturally responsive treatments are provided.

In providing mental health sevices to ethnic minority clients, especially the immigrant population, the availability and accessibility of culturally responsive treatment would increase their mental heath utilization. When ethnic minority clients are provided sufficient culturally responsive mental health services as are their White counterparts, the next logic step in research then is to empirically study treatment effectiveness. As Sue (1988) has explained, the persistent controversy on the treatment effectiveness for ethnic monirties has often been confounded with moral and ethical issues involving the shortage of ethnic therapists.

In summary, the results of this study support the hypothesis that Asian Americans, Chinese immigrants in particular, would stay in mental health treatment or psychotherapy as long as would the White clients, and utilize the mental health services as disproportionately as would the White clients if ethnic/cultural therapists are available. The generalizability of the results of this study to other Asian Americans or ethnic minorites may be limited due to its single group research design and the small sample size.

References

Cooms, M. M. (1986). Dropping out of treatment in the 1980´s: factors associated with adult client continuance and discontinuance in outpatient psychotherapy. Dissertation Abstracts International, 47, 4190.

Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22, 127-141.

Flaskerud, J. H. and Liu, P. Y. (1990). Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients. The International Journal of Social Psychiatry, 36, 18-29.

Flaskerud, J. H. and Liu, P. Y. (accepted). Effects of an Asian client-therapist language, ethnicity and gender match on utilization and outcome of therapy. Community Mental Health Journal.

Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield and A. E. Bergin (Eds.). Handbook of Psychotherapy and Behavior Change. New York: John Wiley & Sons.

Horgan, C. M. (1985). Specialty and general ambulatory mental health services. Archives of General Psychiatry, 42, 565-572.

Howard, K. I., Davidson, C. V., O´Mahoney, M. T., Orlinsky, D. E., and Brown, K. P. (1989). Patterns of psychotherapy utilization. American Journal of Psychiatry, 146, 775-778.

Kim, S. C., Lee, S. U., Chu, K. H., and Cho, K. J. (1989). Korean-Americans and mental health: clinical experiences of Korean-American mental health services. Asian American Psychological Association Journal, 13, 18-27.

O'Sullivan, M. J., Peterson, P. D., Cox, G. B., and Kirkeby, J. (1989). Ethnic populations: community mental health services ten years later. American Journal of Community Psychology, 17, 17-30.

Shapiro, S., Skinner, E. A., Kessler, L. G., et al. (1984). Utilization of health and mental health services: three Epidemiologic Catchment Area sites. Archives of General Psychiatry, 41, 159-164.

Sue, S. (1988). Psychotherapeutic services for ethnic minorities, two decades of research findings. American Psychologist, 43, 301-308.

Sue, S. and McKinney, H. (1975). Asian-Americans in the Community mental health care system. American Journal of Orthopsychiatry, 45, 111-118.

Taube, C. A., Kessler, L., Feuerberg, M. (1984). Utilization and expenditures for ambulatory mental health care during 1980, in National Medical Care Utilization and Expenditure Survey: Data Report 5. Washington, D.C.: DHHS.

Table 1.

Treatment Duration and Dropout Rate

| Variable | N | Mean | Median | SD | Range | Dropout |
|---|---|---|---|---|---|---|
| All treatment modalities | 144 | 16.87 | 10 | 19.65 | 1-97 | 10% |
| Individual psychotherapy alone | 137 | 10.33 | 6 | 11.22 | 1-53 | |

Note. Dropout = faulure-to-return after one session.

Table 2.

Number of Sessions for 144 Clients in Treatment

| Length of treatment | All treatment modalities | | | | Individual psychotherapy alone | | | |
|---|---|---|---|---|---|---|---|---|
| | Sessions (N=2446) | | Clients (N=144) | | Sessions (N=1415) | | Clients (N=137) | |
| | n | % | n | % | n | % | n | % |
| 1-4 sessions | 87 | 3.6 | 41 | 28.3 | 107 | 7.6 | 55 | 40.2 |
| 5-8 sessions | 159 | 6.5 | 25 | 17.2 | 178 | 12.6 | 28 | 20.5 |
| 9-16 sessions | 401 | 16.4 | 34 | 23.5 | 323 | 22.8 | 27 | 19.7 |
| 17-26 sessions | 309 | 12.6 | 15 | 10.3 | 230 | 16.3 | 11 | 8.0 |
| 27-52 sessions | 771 | 31.5 | 20 | 13.8 | 524 | 37.0 | 15 | 10.9 |
| 53-78 sessions | 451 | 18.4 | 7 | 4.8 | 53 | 3.7 | 1 | 0.7 |
| 79-100 sessions | 268 | 11.0 | 3 | 2.1 | | | | |